

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022516

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 1360

2 0360

3 1

4 0

5 1

6

7 0

8 2

9 420.1

10

11

12 90-0

13 5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

Registration District No. 116

Primary Registration District No. 5433

Registrar's No. 142

STATE FILE NUMBER

FILED JUL 2 1962

## 1. PLACE OF DEATH

a. COUNTY FRANKLIN

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN UNION

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION R.R. # 2

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO.

b. COUNTY FRANKLIN

c. CITY  
OR TOWN UNION

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

R.R. # 2

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

JESSE

BRADFORD

MEADE

## 4. DATE OF DEATH

Month

Day

Year

JUNE

26,

1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

OCT. 8, 1888

## 9. AGE (last birthday)

73

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

8

18

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

## 10b. KIND OF BUSINESS OR INDUSTRY

ENGINEER

## 11. BIRTHPLACE (City and state or country)

UNION, MO.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

CHARLES H. MEADE

## 13b. MOTHER'S MAIDEN NAME

CATHERINE CARPENTER

## 14. NAME OF HUSBAND OR WIFE

ALLIE MEADE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

MRS. ALLIE MEADE R.R. 2 UNION

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY

## IMMEDIATE CAUSE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO

DUE TO

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw him alive on 5/2/60

Death occurred at 1:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

JUNE 29, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

UNION CEMETERY

## 23d. LOCATION (City, town, or county)

UNION,

MO.

## 24. FUNERAL DIRECTOR

ADDRESS

OLTMANN FUNERAL HOME

UNION, MO.

## 25. DATE RECD. BY LOCAL REG.

6/28/62

## 26. REGISTRAR'S SIGNATURE

Lwila P. J. Sudman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

APR 1 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ralph Rittmann

Licensed Embalmer No. 4808

P. O. Address Union, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.